

Tumbleweed Application Request

Form Instructions:

To be used by staff, faculty, or consultants.

Please click [here](#) for Tumbleweed procedure.

Notes: This is used for secure transport of files, not for file storage.

Supervisor's Information:

Name: _____ Phone: _____ Email: _____

Requestor Information:

Consultant: Yes ___ No ___

If yes, then please enter the name of your organization _____

Faculty/Employee Name: _____ Department: _____

Room# (if known) _____ Phone# (if known) _____ Floor: _____

Campus (select one) _____ Email: _____

Business Requirement:

Do you need access to an existing folder ___ Yes ___ No

If you selected Yes provide a name for the new folder to be created _____. Are you the primary owner of this new folder ___ Yes ___ No.

List the names of the people who you will be sharing files with _____

Additional Comments (if any) _____